

PCR # _____

Date: _____

**CITY OF WILLIAMSBURG
APPLICATION FOR
SUBDIVISION DEVELOPMENT PLAN REVIEW**

401 Lafayette Street
Williamsburg, VA 23185-3617
(757) 220-6130 FAX: (757) 220-6130

Applicant _____
Address _____
City, State, Zip _____
Phone/Fax Number _____
Email _____

Owner _____
Address _____
City, State, Zip _____
Phone/Fax Number _____
Email _____

Representative _____
City, State, Zip _____
Email _____

Address: _____
Phone/Fax Number _____

Location of Request _____
Tax Map Number _____ Zoning _____
Proposed Lots _____ Proposed Use _____

I/We, as (Owner) (Contract Purchaser with Owner's Written Consent) (Owner's Agent) of the property mentioned above, hereby petition the Planning Commission to approve the above described subdivision development plan.

Signature of Owner

Date

Printed Name of Owner

Sworn before me this _____ day of _____, 20____

Notary

Commission Expiration

Statement by Applicant:

Site Plan Review Committee Date:

Date _____

Site Plan Review Committee Recommendation:

Subdivision Development Plan Approval Date:

Date _____